

Appl. No. 10/054069  
Examiner-TC Nasser

Prepared by D. Liles  
Date 9-7-04

☒ YES ☐ NO Primary Examiner box complete.  
☒ YES ☐ NO Issuing Classification complete.

YES NO Examiner's initials or cross-through lines supplied for each item cited by applicant.  
YES NO Date(s) supplied/complete on all PTO-1449/892 sheets. (Month and year required.)

YES	NO	Brief Description of Drawings includes description of each figure in drawings.
YES	NO	Continuing data is mentioned in 1 <sup>st</sup> paragraph. (Can be an insert.)

YES NO Claims listed on Notice of Allowability match allowed claims and/or index of claims.  
YES NO Claims correctly numbered in index.  
(No duplicate or missing claim numbers.)  
(No incorrect dependencies.)

YES NO If necessary (biological sequence listing).

☒ YES ☐ NO Either Box No. 3 (drawings accepted) or Box No. 8 (corrected drawing request) has been checked.

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